

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1301 Office of Registrar of Vital Statistics. Ward 147

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 14/87

Full Name of Deceased, Mr. F. Barnett  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 55 Years, White Months, ✓ Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, Eastern Shore Md  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, 1939 Franklin Ave  
{ Give Street and Number. }

Cause of Death, Chronic Sarcophae  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 16/87

Undertaker, Denny & Mitchell

Place of Business, 1201 W. Fayette Address, 888 W. Lombard

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 1302

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1302 Office of Registrar of Vital Statistics Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 14, 1887

Full Name of Deceased, Eugene R McEwen Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 3 Years, 1 Months, 6 Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Ballerina

Birth Place, Baltimore State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 9 S Carrollton Ave Give Street and Number.

Cause of Death, Marasmus  
Convulsions  
4 months  
First (Primary),  
Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, July 16/87

Undertaker, O'Conny & Mitchell

Place of Business, 1201 N Fayette Address, 170 S Hollister

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1303 Office of Registrar of Vital Statistics.

Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant, not named, give names of parents. } Elizabeth Irontruer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 923 Sterling St.

Cause of Death, { First (Primary), Second (Immediate), } Enteritis

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Co.

Date of Burial, July 15/87

Undertaker, Michael Runk

Place of Business, 1403 Bank St.

Edwin B. Kenby, M. D.  
Medical Attendant.

Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1304 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 14/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Storath

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bald City

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 303 S. Durham St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, July 15<sup>th</sup> 87

Undertaker, E. Cranford

Place of Business, Zantz & Wolfe Address, 129 S Broadway

R. W. Mansfield M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A 1305 Office of Registrar of Vital Statistics.

Ward 9<sup>e</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jul 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Lyrich

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 1 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give Street and Number. } North 9<sup>th</sup> St No 107

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 15<sup>th</sup> 1887

Undertaker, Henry W. Meads

E. C. Nelson M. D.  
Medical Attendant.

Place of Business, #113 E. Fayette St Address, Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 1306**

Office of Registrar of Vital Statistics.

Ward **16<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **July 14<sup>th</sup>**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

**Elizabeth Aecker**

Sex, Male or Female, { Cross out the word not required in this line. }

**Female**

Age, **76** Years,

**3**

Months, **2**

Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

**Married**

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

**Germany**

Duration of Residence in the City of Baltimore,

**50 years.**

Place of Death, { Give Street and Number. }

**685 Columbia Ave.**

Cause of Death, { First (Primary), Second (Immediate), }

**Old age**

Duration of Last Sickness,

**3 months**

All the above information should be furnished by the Physician.

Place of Burial, **Western Cemetery**

Date of Burial, **July 16**

Undertaker, **Philip Delis**

Place of Business, **746 Columbia Ave.**

**Wm. H. Linder** M. D.

Medical Attendant.

Address, **on Columbia & Fremont Ave.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

## Health Department, City of Baltimore.

Permit No. 1307 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, 9 Months,    Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 9 mo

Place of Death, { Give Street and Number. } 1011 Bruce St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Union Public Cemetery

Date of Burial, July 15/87

Undertaker, Geo E Brown

M. G. Smith

M. D.

Medical Attendant.

Place of Business, Health Office Address, 1705 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 1308 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 15, 1887.  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lusana E. Oliver  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 77 Years, 1 Months,        Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓  
Occupation,         
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Phil. Pa.  
Duration of Residence in the City of Baltimore, About 70 years  
Place of Death, { Give Street and Number. } 714 N. Carrollton Ave.  
Cause of Death, { First (Primary), Second (Immediate), } Paralysis -  
do  
Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount  
Date of Burial, July 16<sup>th</sup> 1887  
John J. King M. D. Medical Attendant.  
{ Undertaker, H. M. Jenkins & Son Place of Business, 201 W. Saratoga St. Address, 640 N. Carrollton Ave. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1309 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Noble Stockert

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 2 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Lin

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1815 M. Calvert St City

Duration of Residence in the City of Baltimore, Lin

Place of Death, { Give Street and Number. } 1815 M Calvert

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 15<sup>th</sup> 1887

{ Undertaker, H. H. Jenkins & Sons } Geo J. Preston M. D. Medical Attendant.

{ Place of Business, 201 W. Saratoga St. } Address, G. E. Innes St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department City of Baltimore.

Permit No. 1310

Office of Registrar of Vital Statistics.

Ward 3<sup>11</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

July 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Cummins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years,

Months,

Days.

Color,

Colored

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

30 Years

Place of Death, { Give Street and Number. }

No 252 S Bethel st

Cause of Death, { First (Primary), }

Old age

{ Second (Immediate), }

Dropsy

Duration of Last Sickness,

3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, July 17<sup>th</sup> 1887

{ Undertaker, John E Grace

{ Place of Business, 313 S Caroline

James A Stearns M. D.

Cum gratia  
Address, Cum gratia 16 + R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKeown Sanitary Inspector [OVER]